

EI PARTNERSHIPS INFORMED CONSENT

EI Partnerships is a home visiting program sponsored by the Massachusetts Department of Public Health (MDPH) and MassHealth (Division of Medical Assistance) for pregnant women, mothers, infants and their families.

EI Partnerships provides support services, health and parenting education, child development screenings, and referrals starting in pregnancy and continuing through the child's first year of life. There is no cost to participants, and all services are voluntary.

During a home visit with you, Program staff will screen for risk factors that may affect your pregnancy, health or development and work with you to develop a Family Care Plan that addresses your and your family's specific needs. It will be used to assist you in meeting your personal goals and in taking advantage of services available to you at this agency and elsewhere in the community.

Personal information that you share with this agency is collected for three purposes:

1. to help us provide you with the best services possible,
2. for verification of eligibility for and reimbursement of services covered by MassHealth, and
3. for evaluation of the program by MDPH.

Each staff person having access to personal information has agreed to maintain confidentiality, ensuring that he or she will keep the data secure, protecting every individual's privacy. Reports about the program will include information only about groups of people, never about individuals.

Personal information will not be given to other agencies or individuals, or be used for any other purpose without your written consent except as noted below.

We will not discuss either you or your family with anyone other than members of this agency, and MassHealth or MDPH only for the reasons already listed, without your **written permission** unless:

1. we receive a subpoena from an attorney or a court order from a judge that requires us to do so;
2. we believe there is evidence of child abuse or neglect; or
3. we believe you or a family member are a danger to someone else, or that you or a family member are in danger yourselves.

You may choose not to participate in any activity related to program evaluation and still receive all of your EI Partnerships services. You may also accept all or only part of the services that are offered to you, and you may withdraw from the program at any time.

I have read this information about EI Partnerships or had it explained to me. I understand how information about me is protected and how it may be used. I would like to participate in the EI Partnerships program.

Participant's Signature

Date

Witness's Signature

Date